PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fec(s), to: Mall Nop. ISSUE FEE
Commissioner for Patents
P.O. Box 1459
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885								
INSTRUCTIONS: This form thould be used for examining the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 broady 5 should be completed where appropriate, All further corresponding full confidence of the read subfiction of missiance fees will be madel to the current correspondence address as dependence address; and otherwise in Block 1, by (a) specifying a new correspondence address; andior (b) indicating a separate FFEE ADDRESS' for malabeasance (fee notifications).								
CURRENT CORRESPONDENCE AD	Fi Fi	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional outer, such as no assignment or formal drawing, must have its own certificate of mailing or transmission.						
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KONRAD RAYNES ATTN: INT77 315 SOUTH BEVERI	1 Si	I hereby certify that this Feety Transmission I hereby certify that this Feety Transmission is being deposited with the United States Postal Service with sufficient postage for first class mail is an exvelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USFTO (571) 273-2885, on the date indicated below.						
BEVERLY HILLS, CA 90212			Г	WELLERK K. ISONRAD (Depositor's same)				
				1, 11W, Louis (Signator)			(Signatore)	
			[1/16/09	/		(Duri)	
APPLICATION NO. FILING DATE			PIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/683.941 10/09/2003			Harlan T. Beverly	Harlan T. Beverly P17143 3879				
TITLE OF INVENTION: METHOD, SYSTEM, AND PROGRAM FOR MANAGING MEMORY FOR DATA TRANSMISSION THROUGH A NETWORK								
APPLN, TYPE SM	ALL ENTITY 15	ISUE FEE DUE	PUBLICATION FEE DU		E FEE TOT	AL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0		\$1810	01/16/2009	
EXAMINER ART UNIT		CLASS-SUBCLASS						
HUSSAIN, TAUQIR 2152		709-250000						
Change of correspondence address or indication of "Fee Address" (XT CFR 1.503). Compared to the control of the Compared			2. For printing on the present front page, let (1) the names of up to 3 registered speeds attorneys or spend OR, illermittivity, (2) the name of a single firing fluving as a mustiber a 2 registered puters attorneys or agents. If no name is 3 listed, no name with the cylinded.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (point or type) PLASE NOTE: Unless a sastigues is idealified below, no assigned date will appear on the parent. If an sastigance is idealified below, the document has been filled for recordation as set forth is 3 CRF 3.11. Completion of this form is NOT a substitute for filling at sastigament. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
INTEL CORPORATION	SANTA CLAKA, CALIFORNIA							
Please check the appropriate assignee category or categories (will not be printed on the printed								
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Issue Fee Publication Fee (No sma	Payment by credit card. Form PTO-2038 is stached.							
Advance Order - # of Cr	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 30-4238 (enclose an extra copy of this form).							
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NOTE: The issue Fee and Publi interest as shown by the records	ication Fee (15 sequired) of the United States D	will not be accepte	d from anyone other that k Office.	n the applicant; a reg	istered attorne	y or agent; or th	ne assignes or other party in	
Authorized Signature	DMe / (16/09							
Typod or primed name WELLIAM K. KANKAD Registration No. 28,868								
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